

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)								SERIAL NO. 09-403634	FILING DATE
								APPLICANT(S)	
								CLAIMS	
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT					
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1								51	
2								52	
3								53	
4								54	
5								55	
6								56	
7								57	
8								58	
9							OK - Miss print in 1A	59	
10								60	
11								61	
12								62	
13								63	
14								64	
15								65	
16								66	
17								67	
18								68	
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27								77	
28								78	
29								79	
30								80	
31								81	
32								82	
33								83	
34								84	
35								85	
36								86	
37								87	
38								88	
39								89	
40								90	PD
41								91	
42								92	
43								93	
44								94	
45								95	
46								96	
47								97	
48								98	
49								99	
50								100	
TOTAL IND.	81		3					TOTAL IND.	
TOTAL DEP.	61	↔	9	↔				TOTAL DEP.	↔
TOTAL CLAIMS	8	↔	12	↔				TOTAL CLAIMS	↔